

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/08/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295084		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2010	
NAME OF PROVIDER OR SUPPLIER CAREMERIDIAN				STREET ADDRESS, CITY, STATE, ZIP CODE 7690 CARMEN BLVD LAS VEGAS, NV 89128			
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F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the annual Medicare recertification survey conducted at your facility from 11/2/10 through 11/4/10, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities. The census on the first day of the survey was 29. The total sample size was 10 residents, including 1 closed records. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:			F 000			
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review, the facility failed to ensure staff knocked before entering occupied resident rooms. Findings include: On 11/3/10 at 9:22 AM, and 9:30 AM, a Licensed			F 241			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 Nurse entered occupied resident room 24 without knocking or announcing herself before entering. On 11/3/10 at 11:00 AM, during an interview with Resident #3, a Certified Nursing Assistant (CNA) entered the resident #3's room without knocking or announcing himself before entering. Resident #3 was asked if it was okay for staff to walk in with out knocking. Resident #3 verbalized "No", he liked his privacy and the staff should knock. On 11/3/10 at 12:05 PM, a CNA entered occupied resident room 1 without knocking or announcing herself before entering. On 11/4/10 at 1:45 PM, a Licensed Nurse verbalized before entering a resident's room staff were to knock and tell the resident their name and why they are there. We knock to let them know some one is going to enter the room. The facility's policy entitled Resident Rights indicated Residents have the right to be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal need.	F 241					
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure physician's orders were followed for laboratory blood work for 3 of 10 sampled residents (Residents #1, #2 and #3). The facility	F 281					

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F 281	<p>Continued From page 2</p> <p>failed to ensure blood pressure medication was given in accordance with the physician's orders for one sampled resident (Resident #5).</p> <p>Findings include:</p> <p>Resident #3</p> <p>Resident #3 was admitted to the facility on 8/14/10, with diagnoses including status post craniectomy, bone flap replacement, left hemiplegia and hypertension.</p> <p>On 9/5/10, a physician's order was received for a Complete Blood Count (CBC), Complete Metabolic Panel, (CMP) to be done on 9/8/10, and then every Wednesday times 4. The medical record lacked documentation the lab work was completed in accordance with the physician's orders on 9/8/10, 9/15/10 and 9/22/10.</p> <p>On 9/9/10, physicians order was received for a CBC and CMP in AM. The medical record lacked documentation the lab work was completed in accordance with the physician's orders.</p> <p>On 11/2/10 at 3:30 PM, the Director of Nursing (DON) verbalized she was not able to locate documentation to show the lab work had been completed in accordance with the physician's orders.</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on 7/24/06, with diagnoses including status post tracheostomy, traumatic brain injury, pelvic and ankle fracture.</p>			F 281			

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F 281	<p>Continued From page 3</p> <p>The medical record contained a physician's order for monthly labs of complete blood count, complete metabolic panel, pre-Albumin and Albumin. The physician wrote an order on 8/10/10 to change the laboratory blood work to every 3 months. According to the documentation in the medical record Resident #1 continued to have the blood work drawn monthly in September and October 2010.</p> <p>On 11/2/10 at 2:18 PM, the DON verbalized the physician's orders were printed from the pharmacy and reviewed at the facility monthly. The pharmacy recommendations with physician's orders were sent to the pharmacy so the orders would be changed. The order was not caught on the re-capitulation. The DON verbalized per the consultant pharmacist's recommendation Resident #1's physician changed the blood work to every 3 months. She stated however, the lab draws continued to be drawn monthly.</p> <p>Resident #2</p> <p>Resident #2 was admitted to the facility on 10/27/08 with diagnoses including cerebral palsy and spastic quadriplegia. The medical record contained physician's orders for monthly CBC, Renal panel, Albumin and pre-Albumin. The medical record lacked documentation the monthly lab work was done on 7/10 and 10/10.</p> <p>On 10/31/10, a physician's order was received for Depakote level, CBC, Renal panel and Magnesium level in AM. The medical record lacked documentation the Magnesium level was done in accordance with the physician's orders.</p>			F 281			

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F 281	<p>Continued From page 4</p> <p>On 11/2/10 at 2:15 PM, the DON verbalized the physician did order a Magnesium level. The facility was not able to locate evidence the Magnesium level was done per the physician's orders.</p> <p>Resident #5</p> <p>Resident #5 was admitted to the facility on 10/6/10, with diagnoses including left femur hematoma, hypertension and debility.</p> <p>During a medication pass on 11/3/10 at 8:00 AM, Licensed Nurse #1 administered Metoprolol 50 milligrams (1.5) tablets to Resident #5. The Licensed Nurse did not take the resident's blood pressure or heart rate prior to the administration of the medication.</p> <p>The medical record contained a physician's order for Metoprolol 50 milligrams by mouth twice daily. Hold for systolic blood pressure <100, heart rate <50. The November 2010 MAR lacked documentation the resident's blood pressure and heart rate were taken.</p> <p>On 11/3/10 at 4:00 PM, Licensed Nurse #2 verbalized if a physician's order for blood pressure medication included parameters for when to hold the medication, the blood pressure and heart rate need to be done. There should be an area on the MAR either next to the medication order or below it to document the blood pressure and heart rate to show it was done. The Licensed Nurse stated, " I think that it is like a standard of practice."</p>			F 281			
F 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency</p>			F 425			

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F 425	<p>Continued From page 5</p> <p>drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record and policy review, the facility failed to ensure pharmacy services provided accurate administration of drugs and biological to meet the needs of each resident. Findings include: Resident #5 was admitted to the facility on 10/6/10, with diagnoses including hypertension and a history of multiple pulmonary embolisms and deep vein thrombosis. On 10/26/10, a physician's order was received to stop the medication Arixtra. On 11/3/10 at 8:00 AM, Licensed Nurse # 1 administered Arixtra 2.5 milligrams subcutaneously to Resident #5. The Medication Administration Record (MAR) for</p>			F 425			

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F 425	<p>Continued From page 6</p> <p>November 2010, documented Resident #5 had received Arixtra 2.5 milligrams subcutaneously on November 1, 2 and 3rd.</p> <p>On 11/3/10 at 1:50 PM, Licensed Nurse #1 verbalized the re-capitulation of physician's orders was done the 1st of the month. The current physician's orders were checked against the new MAR for accuracy. Licensed Nurse #1 verbalized the Arixtra had not been discontinued during re-capitulation process.</p> <p>On 11/3/10 at 4:00 PM, Licensed Nurse #2 verbalized the facility did not have a specific nurses assigned to do the re-capitulations for the month. She stated usually 2-3 rooms were assigned to a nurse and the nurse would be responsible for the re-capitulations for those rooms.</p> <p>The facility's policy entitled "Physicians orders-end of month" documented the purpose was to ensure accuracy of orders, medications and treatments. The policy documented "...Current month's physician's orders are checked against previous month's physician's orders for accuracy"... The current month's physician's orders are checked against the new medication and treatment sheets.</p>			F 425			
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections</p>			F 441			

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F 441	<p>Continued From page 7</p> <p>in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the facility failed to follow the facility's infection control policy regarding the proper use of gloves during a medication pass.</p> <p>Findings include:</p> <p>On 11/3/10 at 9:30 AM, during an observation of the medication pass, Licensed Nurse #1 put on a pair of gloves, elevated the head of the bed for</p>	F 441					

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F 441	<p>Continued From page 8</p> <p>non sampled Resident #11 using the controls on the side rails. Licensed Nurse #1 then removed the nebulizer mask from a plastic bag and poured the medication Albuterol into the nebulizer chamber, turned on the machine and placed the mask on the resident.</p> <p>Licensed Nurse #1 then went over and closed the door to Resident #11's room and pulled the privacy curtain. She proceeded to set up and administer medications to Resident #11 via her gastrostomy tube with out changing her gloves and washing her hands.</p> <p>On 11/4/10 at 10:18 AM, during a medication pass Licensed Nurse #4 put a glove on her right hand, then used her right hand to pull the privacy curtain in Resident #4's room. She proceed to check the placement and give medications to Resident #4 via the residents gastrostomy tube. In the middle of giving the medications via the gastrostomy tube Licensed Nurse #4 used her gloved hand and elevated the head of Resident #4's bed via the controls on the side rails.</p> <p>On 11//3/10 at 4:00 PM, Licensed Nurses # 2 stated, it was not okay to touch privacy curtains or bed controls with gloves on. "You put gloves on to be clean."</p> <p>On 11/4/10 at 1:45 PM, Licensed Nurse #3 verbalized gloves are suppose to be clean. You don't know what's on a curtain or on a side rail. "It's an infection control issue."</p> <p>During the re-certification survey the policy and procedure for the use of gloves was requested. However, it was not received from the facility.</p>			F 441			